## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

END 820030131011

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			86					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			86 minus 20=		* 66			X\$ 9=		OR	X\$18=	1188	
INDEPENDENT CLAIMS			6 mi	nus 3 =	* 3	* 3		X43=		OR	X86=	258	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in o			•	TOTAL		OR	TOTAL	2216	
	С					OTHER	THAN						
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		,	,	<del>L.</del>		ADDII. I EE	· .						
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIC PAID I	EST BER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	]	X43=		OR	X86=		
۷	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PLE DEPENDENT CL			J ⊦			On			
								+145=		OR	+290=		
		Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
		(Column 1)		(Colum		(Column 3)	_						
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
<b>AME</b>	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										. 200-	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR ,	ADDIT. FEE		
		nber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.		